



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is ALLTEMP, INC.

SECTION II

It is incorporated under the laws of State: HI Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 07/09/2025

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 12/4/1997

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 269 E PAPA PL #10

City or Town: KAHULUI

State: HI

Zip: 96732

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET

State: RI

Zip: 02861

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

EMPLOY REMOTE EMPLOYEE

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or

country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CFO	MICHAEL HANSEN	269 E PAPA PL #10 KAHULUI, HI 96732 USA
DIRECTOR	CURTIS NEIDER	269 E PAPA PL #10 KAHULUI, HI 96732 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CFO	MICHAEL HANSEN	269 E PAPA PL #10 KAHULUI, HI 96732 USA
DIRECTOR	CURTIS NEIDER	269 E PAPA PL #10 KAHULUI, HI 96732 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

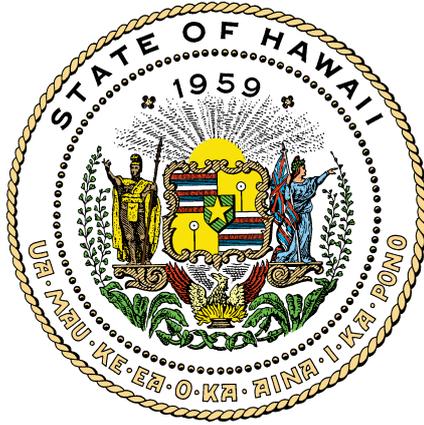
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
STK			\$0.0100	1,000.00

Signed this 9 Day of July, 2025 at 10:23:00 AM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By MICHAEL HANSEN
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

ALLTEMP, INC.

was incorporated under the laws of Hawaii on 12/04/1997 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: July 09, 2025

Director of Commerce and Consumer Affairs



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 09, 2025 10:20 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

